

CAMPAIGN TREASURER'S REPORT SUMMARY

(1) Milagros "Milly" Herrera

Name

(2) 4341 East 8th Lane

Address (number and street)
Hialeah, FL 33013

City, State, Zip Code

☐ Check here if address has changed

OFFICE USE ONLY

OCT31'19 9:50AM

(3) ID Number: _____

(4) Check appropriate box(es):

☒ Candidate Office Sought: City of Hialeah Council Seat, Group 3

☐ Political Committee (PC)

☐ Electioneering Communications Org. (ECO)

☐ Party Executive Committee (PTY)

☐ Independent Expenditure (IE) (also covers an individual making electioneering communications)

☐ Check here if PC or ECO has disbanded

☐ Check here if PTY has disbanded

☐ Check here if no other IE or EC reports will be filed

(5) Report Identifiers

Cover Period: From 10 / 19 / 2019 To 10 / 31 / 2019 Report Type: _____

☒ Original

☐ Amendment

☐ Special Election Report

(6) Contributions This Report

Cash & Checks \$ _____ , _____ , _____ . 00

Loans \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , _____ , _____ . 00

In-Kind \$ _____ , _____ , _____ . 00

(7) Expenditures This Report

Monetary Expenditures \$ _____ , _____ , _____ 56 . 06

Transfers to Office Account \$ _____ , _____ , _____ . 00

Total Monetary \$ _____ , _____ , _____ 56 . 06

(8) Other Distributions

\$ _____ , _____ , _____ . 00

(9) TOTAL Monetary Contributions To Date

\$ _____ , _____ 3 , _____ 000 . 00

(10) TOTAL Monetary Expenditures To Date

\$ _____ , _____ 2 , _____ 755 . 86

(11) Certification

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete:

(Type name) Milly Herrera

☐ Individual (only for IE or electioneering comm.) ☒ Treasurer ☐ Deputy Treasurer

X Milly Herrera
Signature

(Type name) Milly Herrera

☒ Candidate ☐ Chairperson (only for PC and PTY)

X Milly Herrera
Signature

CAMPAIGN TREASURER'S REPORT – ITEMIZED CONTRIBUTIONS

(1) Name Milagros "Milly" Herrera(2) I.D. Number OCT31'19 9:50AM(3) Cover Period 10 / 19 / 2019 through 10 / 31 / 2019(4) Page 1 of 1

(5) Date	(7) Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	(8) Contributor Type Occupation		(9) Contribution Type	(10) In-kind Description	(11) Amendment	(12) Amount
/ /	N/A						
/ /							
/ /							
/ /							
/ /							
/ /							
/ /							

(2) I.D. Number _____

(4) Page 1 of 1

SEE REVERSE FOR INSTRUCTIONS AND CODE VALUES